

EXHIBIT B

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Special Agent, 800-331-3333	
B. E-MAIL CONTACT AT FILER (optional) SPECIAL@DELRSTATE.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) U.S. BOX 20071 GENERAL, CA. 92409-0071 US	

Delaware Department of State
U.C.C. Filing Section
Phone: 302-576-8717
U.C.C. Initial Filing 800-331-3333
Service Requested: [REDACTED]

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only the Debtor name (if a or b) (do not add, list name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Debtor's name is not in the (a, b) above, or if (a) is blank, check here ☐ and provide the individual Debtor information in Part 10 of the Financing Statement Attachment (Form UCC1A2)

11. ORGANIZATION'S NAME [REDACTED] NORTH CAROLINA FINANCIAL, LLC				
OR	11. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
12. MAILING ADDRESS 6472 [REDACTED] ST	CITY [REDACTED]	STATE NC	POSTAL CODE 27603	COUNTRY US

2. DEBTOR'S NAME: Provide only the Debtor name (if a or b) (do not add, list name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Debtor's name is not in the (a, b) above, or if (a) is blank, check here ☐ and provide the individual Debtor information in Part 10 of the Financing Statement Attachment (Form UCC1A2)

11. ORGANIZATION'S NAME				
OR	11. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
12. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only the Secured Party name (if a or b)

11. ORGANIZATION'S NAME [REDACTED] SERVICES, LLC				
OR	11. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
12. MAILING ADDRESS 3333 [REDACTED] ST	CITY [REDACTED]	STATE TX	POSTAL CODE 75430	COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:
Collateral Description - please see attached

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> being administered by a Debtor's Personal Representative	
6. Check only if applicable and check only one box: <input type="checkbox"/> Public-Choice Transaction <input type="checkbox"/> Modified-Choice Transaction <input type="checkbox"/> A Debtor is a Trustee Under USNY <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lender/Lender <input type="checkbox"/> Assignee/Assignor <input type="checkbox"/> Debtor/Debtor <input type="checkbox"/> Supplier/Supplier <input type="checkbox"/> Lender/Lender	
8. OPTIONAL FILER REFERENCE DATA:	

Equipment as more fully described on the attached Schedule A

TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND
ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL
PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.

Schedule "A"

Quantity	Manufacturer	Description
1	DELL	SCv2020 18CSI Dell6Gb Mini-SAS to Mini-SAS Cable, 0.6M, Qty 210Gb 18CSI Dual Controller auto negotiatingSCv20x0 88N LicenseRedundant Power Supply, 580W(2) C13 to C14, PDU Style, 12 AMP, 2 Feet (.8m) Power Cord, North AmericaRack RailsDell Hardware Limited Warranty Initial YearDell Hardware Limited Warranty Extended Year(s)Mission Critical Package: 4- Hour 7x24 On-Site Service with Emergency Dispatch, Initial YearMission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year ExtendedProSupport: 7x24 HW / SW Tech Support and Assistance, 3 YearProDeploy Dell Storage SC Series v2XXX SAN - DeploymentProDeploy Dell Storage SC Series v2XXX SAN - Deployment Verification(12) Hard Drive Filler 2.5in, single blank(12) 1.92TB SAS 12Gb, Read Intensive 88D, 2.5